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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/696749
Filing Date	October 24, 2000
First Named Inventor	Claudia B. Jaffe
Group Art Unit	1723
Examiner Name	Unassigned
Total Number of Pages in This Submission	4
Attorney Docket Number	01-050210US

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	receipt acknowledgment postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jonathan Alan Quine, Reg. No.41,261, The Law Offices of Jonathan Alan Quine		
Signature			
Date	5-18-01		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 5-18-01			
Typed or printed name	Tracie Brooks		
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GAU 1723

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5/29/01

Attorney Docket No. 01-050210US
Client Ref. No. 100/070010

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Claudia B. Jaffe

Application No.: 09/696,749

Filed: October 24, 2000

For: PRESSURE INDUCED REAGENT
INTRODUCTION AND
ELECTROPHORETIC SEPARATION

Examiner: Unassigned

Art Unit: 1723

INFORMATION DISCLOSURE
STATEMENT UNDER 37 CFR § 1.97 and
§ 1.98

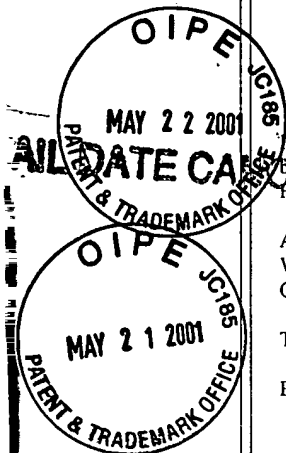
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

The references cited on attached form PTO-1449 are being called to the attention of the Examiner. Copies of the references are enclosed. It is respectfully requested that the cited information be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

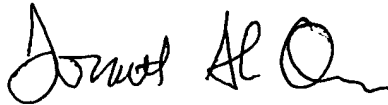
Applicant believes that no fee is required for submission of this statement, since it is being submitted prior to the first Office Action. However, if a fee is required, the

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Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 50-0893. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jonathan Alan Quine", with a stylized flourish at the end.

Jonathan Alan Quine
Reg. No. 41,261

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